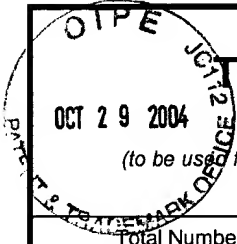


AF# *ILW*

| | | |
|---|-----------------------------|---|
|  <p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p> | Application Number | 09/724,179 |
| | Filing Date | November 28, 2000 |
| | First Named Inventor | Wenhua Lin |
| | Group Art Unit | 2633 |
| | Examiner Name | Curs, Nathan M. |
| Total Number of Pages in This Submission | | Attorney Docket Number LIGHT1320 |

ENCLOSURES (check all that apply)

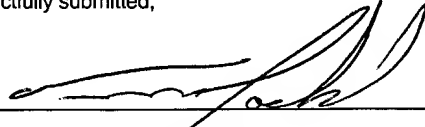
| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 | Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____ | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Postcard</div> |
| | Remarks _____ | |

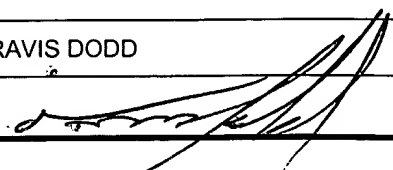
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)

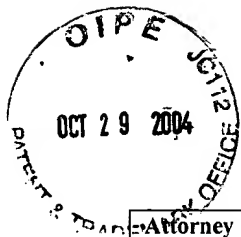
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 10/26/2004
 Phone: (760) 731-3091
 Fax: (760) 728-1541

By: 
 Attorneys for Applicant(s)

| CERTIFICATE OF MAILING | | | |
|---|---|------|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: <u>10/26/2004</u> | | | |
| Typed or printed name | TRAVIS DODD | | |
| Signature |  | Date | <u>10/26/2004</u> |



FEE TRANSMITTAL

| | |
|-----------------------|-------------------|
| Attorney Docket No. | LIGHT1320 |
| First Named Inventor: | Wenhua Lin |
| Application Number | 09/724179 |
| Filing Date: | November 28, 2000 |
| Examiner Name: | Ngo, Hung Nhat |
| Group/Art Unit: | 2633 |

| | |
|--------------------------------------|--|
| TOTAL AMOUNT OF PAYMENT: | \$ 385.00 |
| METHOD OF PAYMENT (check One) | 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 502326 Deposit Account Name: Lightcross, Inc. <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other |

2. UTILITY Basic Filing Fee & Claims

| (1) For | (2) No. filed | (3) No. extra | (4) Large Entity | (5) Small Entity | (6) Calculations |
|---|---------------|---------------|------------------|------------------|------------------|
| Basic Filing Fee | XX | XX | \$ 740.00 | \$370.00 | \$ 0.00 |
| Total Claims | 15 - 37 = | 0 | X \$ 18.00 | X \$ 9.00 | \$ 0.00 |
| Independent Claims | 2 - 3 = | 0 | X \$ 84.00 | X \$ 42.00 | \$ 0.00 |
| Multiple Dependent Claim(s) (if applicable) | | | \$ 280.00 | \$140.00 | \$ 000.00 |
| Total of above Calculations = | | | | | \$ 0.00 |

| Basic Filing Fee | Large Entity | Small Entity | Total |
|-------------------------------|--------------|--------------|-----------|
| Design filing fee | \$ 330.00 | \$ 165.00 | \$ 000.00 |
| Reissue filing fee | \$ 740.00 | \$ 370.00 | \$ 0.00 |
| Provisional filing fee | \$ 160.00 | \$ 80.00 | \$ 00.00 |
| Total of above Calculations = | | | \$ 00.00 |

3. ADDITIONAL FEES

| Fee Description | Large Entity | Small Entity | Other |
|-----------------------------|--------------|--------------|----------|
| Notice of Appeal | \$ | \$170.00 | \$170.00 |
| Two Month Extension of Time | \$ | \$215 | \$215.00 |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| TOTAL: | | | \$385.00 |

| | | | |
|-------------------|----------------|---------------------------------------|------------|
| Name (print/type) | TRAVIS L. DODD | Registration No.: (Attorney/Agent) | 42,491 |
| Signature | | Date | 10/26/2004 |